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Global HIV and AIDS

World AIDS Day is celebrated each year on December 1. This year's campaign is focused on women. In parts of the world where heterosexual transmission is the dominant mode of transmission, the impact of HIV and AIDS is severe. In sub-Saharan Africa, women are 30% more likely to be infected with HIV than men. Population-based studies show that African women ages 15-24 are 3.4 times more likely to be infected than their male counterparts.

The impact of HIV, and its later stage called AIDS, is growing in many parts of society and worldwide. Some of the risks include multiple sex partners among men, culturally acceptable violent or forced-sex situations, other sexually transmitted diseases, and lack of condom use. The impact on society includes premature death, especially for those ages 20-30, absence of family caretakers, orphans, lower family income, lack of food production due to absence of agricultural workers, increased medical care costs, decrease in education attainment due to decrease of available teachers and students, decrease in available health care providers, decrease of community support programs due to lack of resources, and stigma attached to HIV-and AIDS-affected families. Lack of exportable goods also impacts the economy of the villages, towns, and countries and potentially other countries that trade with heavily HIV-impacted countries. The public sector that supports infrastructure has also been hit hard due to illness and death among the workers.

HIV is not only affecting Africa in these areas. Asia, the Caribbean, Latin America, Western Europe, Eastern Europe, South and South-East Asia, and Oceania are also realizing that HIV is spreading rapidly and impacting every aspect of life. Global estimates of adults and children living with HIV and AIDS as of the end of 2003 are between 34.6 and 42.3 million. Adult women account for 47.6% of the adults estimated to be living with this disease. An estimated 2.1 million children are living with HIV disease. This does not include orphans who are not infected. Newly diagnosed infections in 2003 worldwide are estimated to be between 4.2–6.3 million.

United States HIV and AIDS



The estimate for the number of people living with HIV disease in the United States by the end of 2003 is 351,614, an increase of 1%. This appears to be a fraction of the cases worldwide. Nonetheless, the impact has been heavy in many of the same areas. Those affected are also the young, who are productive in the workplace and provide family care. The advanced

treatment that is available in the United States has slowed the diagnosis of AIDS in the 25-34 age group and older age groups.

Adult or adolescent women represent 25% (87,940) of those living with HIV disease in the United States. The adult or adolescent females most impacted by HIV disease are black, both African American and African. They represent 66% of the adult or adolescent females living with HIV disease. White women represent 22%, and Hispanic women represent 10%. Asian, Pacific Islander, American Indian, and Native Alaskan women represent less than 500 persons each.

The most common mode of transmission of HIV among males who are living with HIV disease in the United States is male-to-male transmission (70%), followed by sharing injection works (23%), and heterosexual contact with an HIV-infected person (13%). For females, the most common mode of transmission is heterosexual contact (73%), followed by sharing injection drug works (25%). Other modes, chiefly transfusions of blood and blood products, and tissue transplants, are about 1%. Due to appropriate medications and adherence to treatment regimens, there are approximately 3,000 persons still living who contracted HIV via contaminated blood and tissue.

In the United States, 524,060 persons are estimated to have died with AIDS. The immediate cause of death may not have been complications of AIDS, but these individuals were diagnosed with AIDS at the time of death. Some have also died in accidents, homicide, suicide, chronic diseases, etc.

The AIDS rate per 100,000 citizens in the United States in 2003 was 15.0.

Indiana HIV and AIDS



Indiana has been impacted less by HIV disease than much of the United States, but the areas of life that are changed by this disease are the same.

The AIDS rate per 100,000 citizens in Indiana in 2003 was 8.2. The rates for neighboring states were: Illinois, 13.7; Kentucky, 5.3; Ohio, 6.8; and Michigan, 6.7. Like the rest of the country, HIV disease is more prevalent in metropolitan areas, but it has been diagnosed among residents of all 92 counties in Indiana.

The age groups diagnosed with HIV disease in Indiana have not changed as much as in the United States. The diagnosis rate of those ages 15-24 has remained steady at about 9.5% of the diagnoses per year since 2000. For those ages 25-34, the rate has decreased slightly from 8.6% to 7.2% of those diagnosed per year. For those ages 35-44 the rate has increased from 8.3% to 10.7%, then declined to 9.9% in 2003. The largest change in 2003 was for those ages 45-54; that rate increased from 9.5% in 2000 to 12.2% in 2003.

As of September 2004, Indiana adult and adolescent women account for 18% of those living with HIV disease as of September 2004. This is significantly different from the rest of the United States. The women most impacted by HIV disease in Indiana are African American or African. They represent 49.5% (635) of the women living with HIV disease. In Indiana, the rate for white females is not significantly different at 45.8% (587). There are 52 Hispanic women and 8 women of other races impacted by HIV disease.

The most common mode of transmission of HIV among Indiana males who are living with HIV disease is male-to-male transmission (70%), followed by sharing injection works (8%) and heterosexual contact with an HIV-infected person (6%). For females, the most common mode of transmission is heterosexual contact (62%), followed by sharing injection drug works (15%).

In Indiana 3,955 persons have died with a diagnosis of HIV or AIDS. As described nationwide, they may not have died because of AIDS or complications of AIDS.

